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661-295-5600 X2404, OR FAX US AT 661-257-4953.**TO:****Commissioner for Patents
Attn: Kelechi Chidi Egwim
2900 Crystal Drive
Arlington, VA 22202-3513****FROM:****Ralph D'Alessandro
Reg. No. 28,838
Attorney for Applicants****PHONE:****703-306-5701****FAX:****703-872-9310****PHONE:****661-295-5600 x2404****FAX:****661-257-4953****Documents Transmitted:****Amendment, 6 pages; Amendment Transmittal
Letter, 1 page; Petition for Extension of Time, 1 page****Applicant(s):****Kris Allan Schmidt****Appl. No.:****10/010,708****Filed:****11/9/01****Group Art Unit:****1713****Examiner:****Kelechi Chidi Egwim****3D Systems Docket No.:****USA.263-1**

I hereby certify that this paper (along with any paper referred to as being transmitted herewith) is being facsimile transmitted to the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Carolyn Cetrato**Date: November 7, 2003**

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. USA.263-1	
Applicant(s): Kris Allan Schmidt					
Serial No. 10/010,708	Filing Date 11/09/01	Examiner Kelechi Chidi Egwim		Group Art Unit 1713	
Invention: IMPROVED SURFACE ENHANCER FOR MAKING A MOLDED METALOR METAL/CERAMIC ARTICLE					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	17 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-0900 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: 11/7/03		
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p> <p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p> </div>					
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